


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90027 023 \*\*\*150.00

<b>DOCUMENT # S79965</b>	
<b>1. Entity Name</b> SILK FLOWERS BY JACKIE, INC.	

<b>Principal Place of Business</b> 2900 W. SAMPLE RD. BOOTH 209 POMPANO BEACH FL 33067 US	<b>Mailing Address</b> 20983 AVENEL RUN BOCA RATON FL 33428
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<b>2. Principal Place of Business</b> 2900 W. Sample Rd Suite, Apt. #, etc. SUITE #130 City & State POMPANO BEACH FL Zip 33067 Country USA	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State City Country
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MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 65-0282784	<input type="checkbox"/> Applied For. <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> LAU PAULA 20983 AVENEL RUN BOCA RATON FL 33428	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> SUKUEN LAU	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 20983 AVENEL RUN	<b>CITY - ST - ZIP</b> BOCA RATON FL	<b>NAME</b>	
<b>TITLE</b> P <input type="checkbox"/> Delete	<b>NAME</b> LAU, PAULA	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 20983 AVENEL RUN	<b>CITY - ST - ZIP</b> BOCA RATON FL	<b>NAME</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **PAULA LAU** **2/3/03** **954-984-8828**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #